Effective December 8, 2004												207
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL I	ENTITY	OF		R THAN ENTITY	
TOTAL CLAIMS				:			1	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 150.00	OF	BASIC FE	300.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 25=		OF	X\$50=	
INDEPENDENT CLAIMS			minus 3 =		*			X100=		OR	X200=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+180=	1	OR		
If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL			TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALI									ENTITY	ور OR	OTHER	
ENTX	**************************************	CLAIMS REMAINING AFTER AMENDMENT	-	HIGHE NUME PREVIO PAID F	est Ber Usly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	7	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 45	Minus	-5	T	= /		X\$ 25=		OR	X\$50=	
AME	Independent	NTATION OF MI	Minus	***	3.	- 2		X100=		OR	X200=	\$400a
	rinoi Phese	:NIATION OF MI	JUITPLE DE	PENDENT	CLAIM	<u> </u>		±180=		OR.	+360=	
		. (Oakuma 4)		(0-1	- 0		A	TOTAL DDIT, FEE			TOTAL ADDIT. FEE	34001
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIOU PAID F	ST ER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	** ,		=		X\$ 25=		OR	X\$50=	
	Independent FIRST PRESE	* NTATION OF MI	Minus	SENDENT (MIA L			X100=		OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\	+180=		OR	+360= .	
	•						AC	TOTAL DIT. FEE		OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Colum		(Column 3)			•	•] 1
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	A		=	5	(\$ 25=		OR	X\$50=	
	Independent		Minus	***		=	T,	(100=		OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Ī		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT SEE												
-	The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT: FEE											

Application or Docket Number